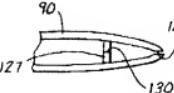
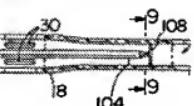
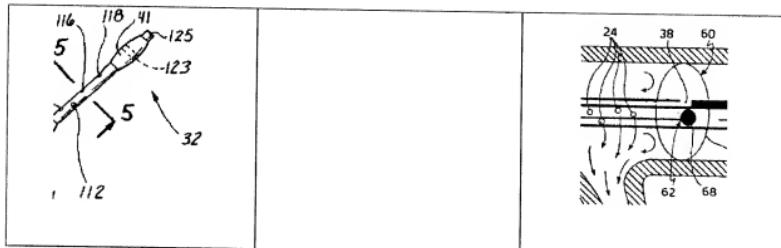


REMARKS

The Examiner rejected Claims 1-7, 12-13, 15, 18, 20-21, 24-26, and 31. In doing so, the Examiner argues that U.S. 5,908,407 (Frazee) teaches a second occluding means substantially the same size in radius as the main cavity of the catheter, specifically referencing Figure 7 and Column 5, Lines 20-37 of Frazee. As can be seen from such Figure 7 (appended below), however, the purported second occluding means (127) is not substantially the same size in radius as the main cavity of the catheter where the main cavity of the catheter is *at its largest*. Rather, the Examiner's second occluding means is fixed at the narrower end of the main cavity of the catheter, which narrower end is "pinched" near the hole (125), as can be seen in Figure 7. Nowhere does Frazee provide (including Column 5, Lines 20-37) that the Examiner's second occluding means should be the same size as the largest diameter of the main cavity of the catheter. Indeed, such second occluding means of Frazee should be near the narrower, or "pinched," end of the main cavity of the catheter, so that the guidewire can be easily extended through the hole. WO 99/37351 (Briscoe) suffers from a similar deficiency. As can be seen in the below portion of Figure 8 of Briscoe, the Examiner's occluding body (108) has a radius smaller than the largest radius of the main cavity of the catheter (24), which cavity is wider near the openings (30). Indeed, Briscoe explicitly provides as follows: "[T]he flexible disc 108 [occluding body] is round and has a diameter substantially equal to the diameter of the lumen 24 *at the distal end* 22 of the cannula body 18... [W]hen the obturator 100 is *fully inserted* into the cannula lumen 24, the flexible disc 108 substantially seals the distal end of the lumen to prevent the flow of blood..." 9:20-26 (emphasis added).

| Frazee Figure 7 | Briscoe Portion of Figure 8 | Applicant Portion of Figure 3 |
|--|--|----------------------------------|
|  Portion of Figure 4 |  Portion of Figure 8 | |



Applicant further traverses the Examiner's rejection of Claims 1-7, 12-13, 15, 18, 20-21, 24-26, and 31 on the grounds that there is no motivation or suggestion to combine Frazee with Briscoe. The Examiner argues that it would have been obvious to modify the second occluding means of Frazee to be slideably disposed within the main cavity by way of an insertion cable, as taught by Briscoe. Applicant respectfully disagrees. In Frazee, a guidewire is inserted through a slit (130) in center of the Examiner's second occluding means (127), and, once the catheter is operatively positioned, the guidewire is removed and the slit (130) closes, blocking the hole (125) and thereby preventing fluid from passing. In Briscoe, the insertion cable (106) is connected directly to the Examiner's occluding body (108), and no guidewire is inserted through such occluding body. If the insertion cable of Briscoe is fixed to the second occluding means of Frazee, the utility and/or functionality of such second occluding means would be destroyed. Indeed, a guidewire could no longer be inserted through the slit (130) in such second occluding means, and, without such a guidewire, a user would be unable to insert the catheter.

Furthermore, the Examiner states that the motivation to combine these references would be to "allow the user the ability to control the depth of the occluding body within the catheter for preventing or allowing fluid to flow through the openings of the catheter." Each reference, however, already prevents or allows fluid to be forced out of the openings in the catheter. Thus, controlling the "depth" of the occluding body in Frazee by using the insertion cable of Briscoe would provide no additional benefit. For example, the use of the Briscoe insertion cable would not allow the occluding body of the

Frazee catheter to force fluid out of a *select* number of openings. Indeed, with both references, fluid can only be forced out of *all* downstream openings (because, with each reference, the radius of the relevant occluding body is smaller than the largest radius of the main cavity of the catheter, where the openings may be located). In view of the foregoing, there is no motivation or suggestion to combine Frazee and Briscoe because the Briscoe insertion cable destroys the utility and/or functionality of the Frazee catheter while providing no additional benefits (such as perfusion through selected openings).

For the foregoing reasons, Claims 1-7, 12-13, 15, 18, 20-21, 24-26, and 31 are allowable. For the same or similar reasons, Claims 8, 10, 11, and 19 are allowable.

Finally, Applicant notes that it has cancelled Claim 14 in view of the Examiner's comments in respect of 35 U.S.C. § 112 ¶ 2. Applicant also notes that the Examiner objected to Claims 3, 12, 13, and 15. Applicant has amended Claims 12, 13, and 15 in view of the Examiner's objections. With respect to Claim 3, Applicant believes the Examiner was referring to Claim 4 and has amended Claim 4 in view of the Examiner's objections.

CONCLUSION

In view of the foregoing, a timely allowance of the pending claims is requested.

In the event that an appropriate fee amount is not enclosed by check for any fees due in connection with the filing of this Response or requisite extensions of time, please charge any deficiencies or credit any overpayments to Deposit Account No. 50-1349.

Application No. 10/560,933
Response to Office Action Dated March 17, 2010
Attorney Docket No. 82062-0187
Page 12 of 12

Finally, the Examiner is invited to contact the undersigned by telephone to discuss any matters that the Examiner feels may expedite the progress of the present application toward allowance.

Respectfully submitted,
HOGAN LOVELLS US LLP

Dated: June 9, 2010

By: /Celine Jimenez Crowson/
Celine J. Crowson
Registration No. 40,357

HOGAN LOVELLS US LLP
555 13th Street, N.W.
Washington, D.C. 20004
Telephone: 202-637-5600
Facsimile: 202-637-5910
Email: celine.crowson@hoganlovells.com